

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6575 63-047893  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED DEC 19 1963

|   |                        |  |                           |
|---|------------------------|--|---------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY Jackson  |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri COUNTY Jackson  |                           |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Kansas City  |                        | c. CITY OR TOWN Kansas City  |                           |
| Length of stay in 1b 30 years   |                        | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                           |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 2043 E. Gregory  |                        | d. STREET ADDRESS (If outside, give location) 2043 E. Gregory  |                           |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                        | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |                           |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br>Ellis James Alden   |                        | 4. DATE OF DEATH<br>Month Day Year<br>Dec. 3 1963  |                           |
| 5. SEX Male   | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH 8-7-1870 |
| 9. AGE (last birthday) 93 years   |                        | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Retired cigar maker  |                           |
| 11. BIRTHPLACE (City and state or country) Tobbacco Ripley County, Ind. USA   |                        | 12. CITIZEN OF WHAT COUNTRY  |                           |
| 13a. FATHER'S NAME Samuel Chester Alden   |                        | 13b. MOTHER'S MAIDEN NAME Jane G. Jenkins  |                           |
| 14. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no or unknown) No  |                        | 15. SOCIAL SECURITY NO. [Redacted]   |                           |
| 16. INFORMANT 2043 E. Gregory   |                        | 17. NAME OF HUSBAND OR WIFE Mrs. Bessie Smith, Kansas City, Mo.  |                           |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Coronary Arteriosclerotic Heart Disease   |                        | INTERVAL BETWEEN ONSET AND DEATH 4 years   |                           |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |                        | DUE TO (b) _____   |                           |
| DUE TO (c) _____  |                        | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                                    |                           |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                        | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                           |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                        | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                           |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year   |                        | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                           |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                        | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |                           |
| 21. I attended the deceased from 1-13-62 to 1-3-63 and last saw her alive on 3-17-63<br>Death occurred at 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. |                        |  |                           |
| 22a. SIGNATURE (Degree or title) Martin J. Mueller M.D.   |                        | 22b. ADDRESS 6400 Prospect Kc Mo   |                           |
| 22c. DATE SIGNED 12-3-63  |                        | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial   |                           |
| 23b. DATE 12-5-63   |                        | 23c. NAME OF CEMETERY OR CREMATORY Floral Hills  |                           |
| 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri   |                        | 24. FUNERAL DIRECTOR ADDRESS Floral Hills Funeral Home Kansas City, Missouri   |                           |
| 25. DATE RECD. BY LOCAL REG. 12-5-63  |                        | 26. REGISTRAR'S SIGNATURE Bessie Smith   |                           |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Martin J. Mueller, M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. M. Joiner

Licensed Embalmer No. 3453

P. O. Address J. E. Han

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.